

FILED NOV 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 35196
4621

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 12 da.		c. CITY (If outside corporate limits, write RURAL and give township) Leawood		2150g	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				d. STREET ADDRESS (If rural, give location) 8107 High Drive			
3. NAME OF DECEASED (Type or Print) LEO		a. (First) b. (Middle) ERNEST c. (Last) SEVIER		4. DATE OF DEATH (Month) (Day) (Year) 10 20 1952			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2/6/1893	
9. AGE (In years, last birthday) 59		10. UNDER 1 YEAR Months Days		11. UNDER 1 MIN. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) So. western Bell Tele. Company		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Webbers Falls, Okla. 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James J. Sevier		13b. MOTHER'S MAIDEN NAME Maggie Shue		14. NAME OF HUSBAND OR WIFE Minnie Sevier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY (If yes, give war or dates of service) W.W. I 486-03-0325 NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Sevier, Leawood, Kan. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma with cerebral metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 1 mo. history 16 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Metastatic carcinoma, left cerebri, Bronchogenic carcinoma				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-7-1952, to 10-20-1952, that I last saw the deceased alive on 10-20-1952, and that death occurred at 6 PM m., from the causes and on the date stated above.							
23a. SIGNATURE Frank B. Teachenor, M.D. (Degree or title)				23b. ADDRESS 411 Nichols Road, K.C. Mo.		23c. DATE SIGNED 10-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/22/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 10-22-52		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY & CHAPEL, K.C., MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Lee - 411 Michals, Rd.,

2-5 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Clayton Barnes

Signed.....

Student Embalmer

Licensed Embalmer No. 4793

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.